



FIRST RESPONDERS CHILDREN'S FOUNDATION SCHOLARSHIP APPLICATION FORM

PLEASE CHECK ONE: [] First Time Applicant [] Renewal

PLEASE PRINT OR TYPE:

NAME (First, Middle, Last) SOCIAL SECURITY # DATE OF BIRTH
CURRENT ADDRESS CITY STATE ZIP
EMAIL ADDRESS PHONE

- 1. CITIZENSHIP (check one): U.S. Citizen Permanent Resident
2. (Optional) GENDER: Male Female
3. (Optional) RACE: White Black or African American Hispanic American Indian or Alaskan Native Asian and Pacific Islander Other (specify)
4. Name of accredited college, university or technical/vocational institution you will attend:
5. Class level for upcoming academic year: Freshman Sophomore Junior Senior
6. Proposed Major:
7. Start date of upcoming academic year:
8. What is your current cumulative student loan debt (excluding anticipated debt for the upcoming academic year):
9. Name of parent under whose eligibility you are filing:
10. Name of parent's employer at the time of his/her death or total and permanent disability:
a) Badge Number: b) Unit Assignment:
c) Date of death or total and permanent disability:

APPLICANT CERTIFICATION:

I certify that the information submitted on this application is true and correct to the best of my knowledge. I understand the First Responders Children's Foundation Scholarship award is for only one academic year. I further understand the scholarship may be renewed annually, as decided by the Committee and depending on availability of funds, so long as I am making satisfactory academic progress toward the completion of a Bachelor's degree, Associates degree, Certificate or Diploma at any eligible college, university or technical institute in the United States, I am registered as a full time student during the entire academic year and maintain a 2.7 out of a 4.0 grade point average or the equivalent.

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if applicant is under the age of 18)

DATE

DATE